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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (Navy researchers and administrative managers). Corpsmen and Dental Technician designators are identified in front of their names.

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Headline: Department of Defense modifies anthrax vaccination program
>From Office of the Assistant Secretary of Defense

WASHINGTON -- The Department of Defense announced last week an extension of its anthrax vaccination program to include personnel serving on temporary duty in high threat areas in Southwest Asia and the Korean peninsula.

Effective immediately, all U.S. military personnel and DoD emergency essential civilians and contractors who travel to Southwest Asia and the Korean peninsula will receive the anthrax vaccination series. Previously, only personnel

deploying for more than 30 days to the high threat areas were required to begin the series.

The expanded program will provide equal protection to all U.S. personnel assigned, deployed or on temporary duty in high threat areas for any length of time. Ideally, personnel would receive at least the first three of the six-shot series of anthrax vaccinations prior to going to either region.

When the initial phase of the vaccine program began in March 1998, temporary duty personnel were excluded. The limited initial population ensured availability of vaccine, facilitated implementation and education on the use of new immunization tracking systems, and permitted a smooth transition for leaders to educate service members on the threat and the purpose of this program. The 30-day rule was a timeline established to facilitate initial implementation.

The growing maturity of the program allows DoD to provide protection for all U.S. military personnel and emergency essential civilians and contractors who spend any length of time in the high threat areas from the moment they arrive.

Secretary of Defense William S. Cohen announced total force vaccination plans in December 1997. In March 1998 the vaccination program was accelerated for troops assigned or deploying to Southwest Asia. After three years of study, Cohen concluded that the vaccination is the safest way to protect highly mobile U.S. military forces against a potential threat that is 99 percent lethal to unprotected individuals.

Since the program's inception, the Department has carried out total force vaccination in a phased approach. Phase I required the vaccination of all uniformed service members and emergency essential DoD civilians and contractors assigned, attached, on temporary duty or otherwise expected to deploy into the high threat areas of Southwest Asia and the Korean peninsula for periods greater than 30 days. The announced extension refines Phase I to direct vaccination of personnel in the high threat areas for any period of time. Phase I will continue until the end of fiscal 1999.

Phase II will start once production is assured at Bioport, the vaccine manufacturer in Lansing, Mich. Phase II will vaccinate specified units that are identified in advance to deploy into the high threat areas within 35 days of an order. Phase II is projected to begin in August or September this year. Beginning sometime around 2003, Phase III will provide vaccinations to the remainder of the armed forces and new recruits.

The immunization program consists of a series of six vaccinations per service member over an 18-month period, followed by an annual booster. Although protection levels increase as shots in the series are given, the entire six-shot series is required for full protection, as determined by the Food and Drug Administration.

The Secretary of the Army is the executive agent for the Department's anthrax vaccination program and is overseeing

implementation of the program within the Services.

More information about the Department's anthrax vaccination program is available on the worldwide web at: http://www.defenselink.mil/specials/Anthrax.

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Headline: Military health system meets Y2K compliance deadline

>From American Forces Press Service

WASHINGTON -- Dr. Sue Bailey, Assistant Secretary of Defense for Health Affairs, announced last week a significant milestone for Year 2000 compliance of the Military Health System (MHS).

All MHS "mission critical" health systems met the March 1999 deadline set by the Department of Defense for Y2K repair and have been certified for compliance. In addition, 85 percent of the 75 "non-mission critical" systems, and 98 percent of biomedical equipment, have been deemed Y2K compliant. Mission critical systems are that necessary for uninterrupted delivery of medical care. Non-mission critical systems include all other devices supporting effective healthcare delivery and efficient operation of medical facilities.

Goals for March 1999 included achieving Y2K compliance for all remaining computers systems, biomedical equipment and facility systems, such as air conditioning, elevators and security systems, in military treatment facilities. Any device that did not meet the March 31 deadline for government-wide compliance is being fully tracked. Non-compliance is primarily caused by manufacturer delays in providing necessary upgrades.

Items that cannot achieve compliance will be removed from service. The achievements of the MHS are reflective of the overall attention to Y2K compliance of the DoD. Ninety-six percent of DoD's 2,038 mission critical systems have been fixed with fielding in progress. Of those 2,038 systems, 88 percent are both fixed and fielded to all locations where the DoD system might be deployed. Full compliance for mission critical systems is expected by the end of this summer.

In commenting on the achievements of health compliance, Bailey stressed the goal of DoD leadership: to carry out national security responsibilities irrespective of the date. "We will make sure that we maintain medical readiness and ensure uninterrupted world-class health care for our beneficiaries on and after January 1, 2000," said Bailey. "Achieving Y2K compliance is the highest priority in the MHS information technology program."

The next step for the Military Health System's Y2K program is to validate the continuity of critical functions through end-to-end testing of the program's computer systems. This process requires identifying and testing Y2K compliant systems that support critical functions and

ensuring accurate and uninterrupted data exchanges between them. TRICARE, the health benefits program for all uniformed services, relies on partnerships with the civilian health industry, as well as other DoD systems, to meet the health needs of military beneficiaries.

According to Bailey, "We operate a worldwide healthcare delivery system and must be vigilant in our efforts to ensure Y2K compliance. We must be certain that all elements of the MHS continue to function properly. Our people have done an incredible job in meeting the milestones established for Y2K compliance."

The Military Health System will be testing interfaces with TRICARE managed care support contractors, pharmaceutical supply vendors and the Defense Eligibility Enrollment Reporting System (DEERS) to ensure their Y2K compliance. The testing will be completed by summer 1999.

According to the results of a December 1998 DoD Inspector General audit, the Office of the Assistant Secretary of Defense for Health Affairs staff "aggressively searched to identify Year 2000 problems and solutions, and initiated many actions to correct the issues." The report commended the staff's "proactive and aggressive approach to resolving Year 2000 issues."

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Headline: Naval Hospital Charleston shifts to outpatient care
By Terry Joyce, The Post and Courier

CHARLESTON, SC -- The Naval Hospital Charleston will close its last in-patient ward on April 15 and shift all of its inpatient care to Trident Medical Center in North Charleston.

The move was predictable, Navy officials say, coming on the heels of last year's decision to close the Navy's intensive care unit and to sign a partnership contract with Trident.

Commanding Officer CAPT John M. Mateczun, MC, said the Navy's partnership agreement with Trident has worked well since it began last fall. Under the agreement, Navy and Air Force doctors use Trident to treat active-duty military, their dependents and some military retirees.

For Mateczun, it's a quality-of-care issue. The Navy had only four people receiving inpatient care in its 10-story hospital near the former naval base. Trident had 12 military patients, including four military retirees.

"The quality (of care) can't be as good where they [doctors] don't see the tough cases every day," he said. "It's better if we practice there [at Trident.]"

Outpatient care will still be available at the hospital and at clinics at Charleston Air Force Base and at the Charleston Naval Weapons Station. In fact, some outpatient services will get a boost, such as their ambulatory procedures unit where relatively simple same-day operations

will still be performed.

A major difference between Trident and the Navy hospital emerged last year when the Navy closed its intensive care unit and emergency room. Once that happened, the only patients the Navy admitted overnight were those who needed relatively simple care.

The rest went to other hospitals, often Trident, where emergency care is available.

The patient load - 12 military at Trident versus four at the hospital is "fairly typical," said LCDR Debra Carter, NC. Carter is assigned to the hospital but visits Trident daily to coordinate case management for the military patients.

The hospital has 29 physicians assigned. Thanks to the partnership agreement, nearly all are treated as members of Trident's medical staff, Dr. Rick Foster, the hospital's vice president for Medical Management said.

"They attend all our meetings and receive a full range of support from Trident's staff of nurses and technicians," Foster said. The major difference is that they only practice on the military people admitted to Trident.

According to Mateczun, active-duty military people and dependents and retirees who are part of TRICARE Prime, will receive the same inpatient care at Trident that they would have received at the Navy hospital.

Retirees will also notice the shift. The 1,700 or so military retirees over age 65 who are eligible for Medicare will still receive care at the naval hospital under a "space available" system.

Mateczun said those retirees now must use Medicare if they need in-patient hospital care.

In the meantime, the decision to halt inpatient care at the hospital came as no surprise to some of the area's military retirees. "I think it will work out," said retired RADM Len Oden, a former Charleston Naval Base commander.

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Headline: USS Frederick rescues eleven people lost at sea
By ENS Sharon Boyd, USS Frederick

USS FREDERICK -- Crewmen from the USS Frederick rescued 11 people from the water after their boat was swamped and they spent the night in the water.

During operations between the islands of Oahu and Hawaii, transporting United States Marine Corps personnel and equipment, USS Frederick received a call from the United States Coast Guard that a group of people on a festival pleasure cruise were lost at sea.

The information that the Coast Guard transmitted was sketchy as to the last location of the vessel.

Just before dawn the group was spotted floating in the water five miles from the Hawaiian shore. Crewmembers already on station assessed the situation and deployed the safety boats in a rescue effort.

“It was a very confusing situation, we saw the catamaran and the people in the water but did not know why they were not on the catamaran,” said LTJG Will Chapman , safety boat officer. “Upon arriving, we recovered the individuals from the water and those on the catamaran.”

One of the victims, a 9-year-old boy was rescued by the Sailors and taken to the ship’s medical center for treatment of hypothermia.

“When the boy was brought on board, I noticed his lips and fingertips were showing signs of extreme hypothermia,” said Jeremiah Witter, a rescue swimmer. “Some wanted to stay with the canoe and salvage it, but we told them the safety of the boy came first.”

None of the other victims suffered major injuries, but were treated and given dry clothing and food while aboard the Frederick.

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Headline: The right spirit provides alternative place for fun
>From Puget Sound Navy News

BREMERTON, Wash. -- Lieutenant Thomas Driver, MSC, was disturbed and saddened when he heard that the ship he was serving on went only three days without an alcohol incident.

His heart broke to hear Sailors returning from liberty leave got into fights or trouble because there was nothing to do.

Now stationed at Naval Hospital Bremerton, Driver felt a sense of duty and to the calling on his life, he established a Military Service Center at the Crossroads Neighborhood Church to provide service members a healthy alternative. The center currently operates from 4 to 11 pm on Saturdays, but as word gets out he hopes to expand the program.

Although the center is located in a church, “we’re not pushing doctrine or religion,” Driver said. “I want people to know that it’s not to get them to join the church.” If someone wants to attend Sunday service, that’s great, but the main goal is to give military personnel a friendly place to go.

The Military Service Center gives service members a place to go and something to do away from the base that doesn’t involve drinking.

Single military personnel from all branches are welcome to play basketball or pool, watch television or get a home-cooked meal or snacks at a 50’s-style café.

The center not only has the support of his church, but he’s also received support from area chaplains and leadership from Subase Bangor and Naval Hospital Bremerton.

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Headline: Quick actions of USNH Okinawa save mother and unborn child
By Cpl. Erik S. Svhila, Camp Lester

CAMP LESTER, Okinawa – Thanks to the quick actions of Navy medical professionals at Marine Corps Air Station Iwakuni and exemplary care at Iwakuni National Hospital and the U.S. Naval Hospital Okinawa, the life a Marine's Spouse and their unborn child were saved from an unforeseen and potentially fatal situation.

Rose A. Sifuentes, wife of Gunnery Sgt. Ray Sifuentes, of Marine Wing Support Squadron (MWSS)-171 at MCAS Iwakuni, developed a severe case of meningitis.

Sifuentes' ordeal began after returning from a visit in the U.S. with an ear infection that developed into bacterial meningitis.

"I caught what felt like a really bad cold," she said. "It led to really bad headaches, a fever, and I was nauseous."

According to Sifuentes, the symptoms persisted, and climaxed to horrific proportions as she became violently ill.

"I just started vomiting profusely," she explained. "My husband was in the process of getting me back into the bathroom, when I completely blacked out."

According to her husband, that's when he knew he had to get her medical attention fast.

Once at the clinic, the doctors recognized her symptoms within a few moments. As soon as meningitis was suspected, they immediately administered antibiotics to try and stabilize her condition.

Since the only medical facility on base was the hospital branch clinic, Sifuentes had to be transferred to the Iwakuni National Hospital, a Japanese facility, where she was stabilized and rushed via medevac to USNH Okinawa.

Despite a runway closure at MCAS Iwakuni, an air medevac was standing by, said CDR Jim Marron, MC, 1st Marine Air Wing Surgeon.

"Everything was in place to support Mrs. Sifuentes and her baby with outstanding communication and cooperation between Iwakuni National Hospital, USNH Okinawa, Marine Air and Air Force Medevac," Marron said.

It was definitely a good thing the staff at Iwakuni acted so quickly.

They had a huge hand in helping Sifuentes. According to Army Maj. Sarah W. Knutson, the doctor in charge of Sifuentes, they really took up the slack when she arrived, and under the direction of the clinic, administered enough antibiotics to make it safe for her to be transported to USNH Okinawa.

"After administering the initial dosage of antibiotics, she was already looking better by the time she arrived at Iwakuni National," she said. "Their recognizing the symptoms so quickly and acting on it saved her life."

This appears to be an isolated case of meningitis, and not an infection that poses a threat to the Iwakuni community in general, Marron explained.

Once she was treated and stabilized, Sifuentes delivered at 28 weeks pregnant for the baby’s health.

"In cases like these, the baby often must be delivered early," Knutson said. "We were afraid of that, especially with the seriousness of her condition. Our first concern is always with the mother, because if the mother isn't okay, then neither is the baby. Luckily, though, her recovery was nothing short of miraculous, and both she and the baby will be just fine."

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Headline: TRICARE question and answer

Question: Is there a maximum that I may have to pay under the three TRICARE options?

Answer: Under TRICARE Standard and Extra, active duty family members can be responsible for up to $1,000 and retirees for up to $7,500 per year in total out-of-pocket costs for covered medical services.

Under Prime, the maximum out-of-pocket expenditure per year for covered medical services is $1,000 for active duty family members and $3,000 for retirees and their families per enrollment year.

Effective March 26, 1998 the catastrophic cap for the Prime Point-of-Service option will be lifted. Under the Point-of-Service option you pay 50 percent of the cost after a separate, somewhat higher deductible is met ($300 for single enrollment and $600 for family enrollment).

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Headline: Healthwatch: A healthy pregnancy begins with exercise
By Kimberly A. Rawlings, Bureau of Medicine and Surgery

WASHINGTON -- Sit-ups may be out of the question for expecting mothers but some other exercises and fitness routines are not.

It was once believed that pregnant women should refrain from any type of physical activity. Today most medical professionals view exercising as a key to a healthy pregnancy.

“Exercising during pregnancy is beneficial to the mother and the fetus. Providing there is not a medical reason such as high blood pressure, restricted fetal growth or heart problems, expecting mothers can participate in low-impact aerobics and other exercises of moderate aerobic intensity,” said LCDR Todd L. Allen, MC, division officer at obstetrics and gynecology department at Naval Hospital Charleston.

A good exercise program may help relieve some of the common problems associated with pregnancy such as, excessive weight gain, swelling of the hands and feet, leg cramps, varicose veins, insomnia, fatigue and constipation.

Exercise builds muscles needed during labor, reduces stress

levels and increases energy levels.

Before starting any exercise activity, consult your physician first. If you never or rarely exercised before conceiving, take it slow. Brisk walking is one of the best aerobic activities that offers a good workout without straining any joints or muscles. Swimming is another low impact activity that offers little strain on muscles. Swimming and other water exercises place muscles in a relaxed, non-weight-bearing position, providing relief to body parts overly stressed by pregnancy. Cycling is also good for expecting mothers. Stationary bikes are even better, because there is less chance of falling.

"I always caution mothers on cycling later in the pregnancy, because their center of gravity is shifted forward," said Allen. They should also not participate in contact sports or pick up any new activities.

According to the American College of Obstetricians and Gynecologists, women that are accustomed to aerobic activity should be encouraged to continue during pregnancy.

Whether you are starting an exercise routine or continuing on a program avoid a vigorous activity. Choose an exercise that you enjoy. Begin your program with a series of warm-up exercises and stretches that concentrate on hip, neck and shoulder movement and lower back flexibility. Any abdominal exercises should be modified to reduce strain. Because of the risks associated with exercising on your back, the best position for floor exercises is your side.

Women are cautioned to avoid high impact activity because ligaments soften and their center of gravity shifts during pregnancy. "There are hormones produced in the placenta during pregnancy such as relaxin, which is secreted by the ovary and uterus that softens ligaments," said Allen. The advantage to this hormone being produced during pregnancy is that it helps with the separation of the pelvic bone area for delivery. The disadvantage is that all ligaments may be more vulnerable to stress and strain.

While exercising take into account the changes happening in your body such as new body alignment, different posture and reduced strength and endurance, so don't over do it. If you experience any of the following symptoms, stop exercising and call your physician.

- pain of any kind – chest, head, back, pubic, hip
- uterine contractions at 20 minute intervals
- vaginal bleeding, amniotic fluid leakage
- dizziness or faintness
- shortness of breath
- palpitations
- persistent nausea or vomiting
- difficulty walking
- decreased fetal activity
- numbness anywhere on the body

Pregnancy requires an additional 300 calories per day in order to grow a health baby. Be sure to increase your

caloric intake accordingly to compensate for calories burned during exercise.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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